FOR STATE HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any deay's necessary, please execute the certificate, writing the word "bending" in pencil in Item 18. Give Pages 1, 2, and 31, the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

VR A15ME 3500 4-64

MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
17181 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived, If instit	
Worcester	MARYLAND	a. STATE Maryland b. COUNTY	Wicomico
b. CITY OR TOWN (If outside corporate lim		c. CITY OR TOWN (If outside corporate limits, write	
Rural-Pocomoke City	5 days	Salisbury	2212.2
d. NAME OF HOSPITAL OR INSTITUTION (IF	not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
R.F.D. 3		317 Morton Stre	
3. NAME OF First DECEASED	Middle	Last 4. DATE Month	Day Year
(Type or print) JULIA	ROUSE	ADKINS DEATH December	r 29 1965
5. SEX 6. COLOR OR RACE 7. M	ARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years III last birthday)	FUNDER 1 YEAR IF UNDER 24 HRS.
Female White wi	DOWED DIVORCED A	lugust 15,1900 65 yrs.	fonths Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done	10b. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT
during most of working life, even if retired) Housewife	INDUSTRY	North Carolina	U.S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	0.D.A.
unknown		unknorm	
15. WAS DECEASED EVER IN U.S. ARMED FORCES	? 16. SOCIAL SECURITY NO. 17.	UNKNOWN INFORMANT Address	D 70 70 70
(Yes, no, or unkown) (If yes give war or dates of service)	(9)		R.F.D. 3
		's Mary Adkins, Pocomok	e City, Md.
18. CAUSE OF DEATH [Enter only one cause PART I, DEATH WAS CAUSED BY:		7. 01 01.	INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Cici	ili Tulmonary Laran	a rew Autis
4200 DUE TO	01	Einschwoli Henry &	riano II.
Conditions, if any, which (b)_	Clike	EUSCHNOLU HART	theuse years
gave rise to immediate (The Party H
underlying cause last. (c)			
		TED TO THE TERMINAL DISEASE CONDITION GIVEN IN P	ART 1(a) 19. WAS AUTOPSY PERFORMED?
Inca	facilated because	e of ord trip tractions	YES NO
		IRRED. (Enter nature of Injury in Part I or Part II of	Item 18.)
20a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.			
	20d. INJURY OCCURRED 20e. PLA	CE OF INJURY (Home, farm, 20f. (City or town)	(County) (State)
Hour a.m.	While Not While facto	ry, street, office bldg., etc.)	
	at work at work	I I I I I I I I I I I I I I I I I I I	and in my aninian
21. I certify that I took charge of t			y 📐, and in my opinion
death resulted from: Natural caus	ses X, Accident L, Sui	icide , Homicide , Undetermined n	nanner
ACTUAL Don's	1 0. 5	CHIEF MEDICAL EXAMINER	22. DATE SIGNED
SIGNATURE -DUVLU	(1)	M.D. ASSISTANT MEDICAL EXAMINER	22. DAIL SIGNED
EXAMINER'S DALAR	DAER	DEPUTY MEDICAL EXAMINER	12/30/65
NAME (Type)	164141	Address (Street, city, town, or county)	
23a. BURIAL, CREMATION, 23b. DATE THERE			n or county) (State)
Burial 1-1-1900		e Methodist Worcester (County, Md.
24. FUNERAL DIRECTOR	ADDRESS	25a, REC'D BY REGISTRAR 25b. REC	
Kalut H. UT. Know	Pocomoke City	Md DATAN 3 1966 /CC	carles Judge

PARASELED STADISTICAL SKIEDINAX STADISTICAL SESSIONS cotwoody thoughton Corps - X and a condition of the Anguet 15,1990 65 Water Byone od a tall the card tray a same 1000 Burdan : 1-1-1906 - Firsh Grance Methodist forcester County, 20. All the state of t TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please, remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and many event, within 72 hours after Death.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 17182 Team CERTIFICATE OF DEATH, 3/65 pg. 20564

	7m 76377 72723/65 pc
1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. STATE Maryland. Worcester
Worcester	a. STATE Worcester
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	V
Rural, Snow Hill	Rural, Snow Hill
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address	s) d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
	YES NO T
3. NAME OF First Middle DECEASED (Type or print) Tolon W	Last 4. DATE Month Oay Year OF DEATH December 9 19.65
JOHN W.	RSHDY December 3 - 03
5. SEX 6. COLOR OR RACE 7. MARRIEO NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IFUNOER 1 YEAR FUNDER 24 HRS. Indicate IFUNOER 1 IFUNOER
Male Negro WIDOWED DIVORCED	10/6/90 75 yrs.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Labor Truck Farm	North Carolina USA
13. FATHER'S NAME	1 14. MOTHER'S MAIOEN NAME
Whkhowh/ John Ashby	Unkhowd Mary Francis Woodley
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17	7. INFORMANT RFD Address
(Yes, no, or unkown) (If yes give war or dates of service) NO 218 20 2736	Georgia Ashby, Snow Hill, Maryland
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	I INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH
IMMEDIATE CAUSE (a)	orcenomy of Fancitas
157X DUE TO	\ \Landard
Conditions If any which	years.
gave rise to immediate (b)	
cause (a), stating the DUE TO	esio schrosis.
underlying cause last. (c)	6210 30100217 ·
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RE	LATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 119. WAS AUTOPSY PERFORMED?
TAT	YES NO
L CO. ACCIDENT WAS UNDERLYING TO LOOK DESCRIPTION INVIEW OF	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RE 202. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CCURRED. (Enter nature of Injury In Part I or Part II of Item 18.)
	LACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
Hour a.m. While Not while	ctory, street, office bldg., etc.)
20c. TIME OF INJURY Month, Oay, Year 20d. INJURY OCCURRED 20e. P Hour a.m. p.m. 19 While at work at work	
21. I certify that (I) (this hospital) attended the deceased from_	OCF 1961 to Dec 9, 1965, that (1) (we) last
	hat death occurred atM, from the causes and on the date stated above.
22a. SIGNATURE	22b. DATE SIGNED
228. SIGNATURE	ATTENDING TO MEO. T STAFF T 13 / 5- /4
1 20/1/	M.O. PHYS. DIRECTOR PHYS.
22c. PHYSICIAN'S	22d. ADDRESS
NAME (Type) DAVID KAATI	571020 Hill, Ma,
REMOVAL (Specify)	ERY OR CREMATORY 23d. LOCATION (City, town or county) (State)
Burial 12/12/65 Friendsh:	ip Methodist Snow Hill, Maryland
24. EUNERAL DIRECTOR AOORESS	25a. REC'O BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
2. 9.11 " Char 11277 Ma	ryland DEC 15 1965 Villandes Judge
Milman F. Memma Snow Hill, Ma	TY TAILUPBAIL

VR AI5 (4) 20M 1/65

10205 PART OF STREET OF STREET A CANADA Fature - A solution DE VOI SYNT TUNGO DE LA SENDE DESENDE DE LA SENDE DE L See the second of the second o

TO FUNERAL OIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. 24 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Page 4 may be retained by the hospital or attending physician.

> VR A15 (4) 15M 4-64

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
17183 CERTIFICATE OF DEATH

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. STATE b. COUNTY
MORCESTER MARYLAND	IVARVLAND. WORCESTER
b. CITY OR TOWN (if outside corporate limits, write FURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
(50e-114	d. STREET ADDRESS I e. IS RESIDENCE
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	ON A FARM?
	MONELLION AND YES NOW
3. NAME OF DECEASED (Type or print) JAMES ALFRED	AVOES DEATH DEC, 22 19 65
17.102	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
M WIDOWED DIVORCED 1	Nov. 26, 1909 5-6 yrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
FARMUR HOTEL OPERATOR SELE BMP.	BERMA NO USA.
13. FÄTHER'S NAME	14. MOTHER'S MAIDEN NAME
JAMES AYRES	ALICE COFFIN
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, nq. or unkown) (If yes give war or dates of service)	INFORMANT Address A
No No	RS. JAMES PARES BERUN MID
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY:	INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) CAMPULC MUS	Fedians 2:3 grs
Conditions, If any, which) DUE TO See he Meusen	Stys
gave rise to immediate	
cause (a), stating the underlying cause last.	exxis
-1	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
\$ 2 hos man had an abdominal answerps	mecessal grago YES NO EX
2 Justinan had an afdrumal ansurprise 20a. accident was underlying 1 20b. DESCRIBE HOW INJURY OCCUPY OF CONTRIBUTING 1 CAUSE OF DEATH OF IFF HEDICAL EXAMINER)	RRED. (Enter nature of injury in Part I for Part II of Item 18.)
	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
20c. TIME OF INJURY Month, Day, Year 20d. NJURY OCCURRED 20e. PLAC 20d. NJURY OCCURRED 20e. PLAC 4 work 20d. NJURY OCCURRED 20e. PLAC 20d. NJURY OCCURRED 20d. NJURY O	ry, street, office bldg., etc.)
21. I certify that (I) (this hospital) attended the deceased from 19	
	death occurred at 11 34 TM, from the causes and on the date stated above.
22a. SIGNAFURE	ATTENDING MED. STAFF
Scark Towns M.D.	. PHYS/ DIRECTOR PHYS
22c. PHYSICIAN'S NAME (Type)	22d ADDRESS Maryland
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR GREMATORY 23d. LOCATION (City, town or county) (State)
BURIAL 12 26 65 EVERGER	
24. FUNERAL DIRECTOR RADDRESS .	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
mue N. Juloge (delle on	DATEC 30 1965 Charles Judge

HISTORY OF THE COMPANY OF THE COMPAN	
	•
AND 0227-4	
A VOICE TO BUILD A SECURITION OF THE PARTY O	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and carbon papers. Pages 1 and 2 director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

1	PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. STATE b. COUNTY
3	WORCESTER MARYLAND	MARVIAND INDROESTER
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (I) outside corporate limits, write RURAL end give nearest town)
100	BERLIN	1 DERLIN
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE
		ON A FARM? YES NO NO
3.	NAME OF First Middle	Last 4. DATE Month Day Year
	DECEASED (Type or print) CLAYTON LEVY IS	BAKER DEATH DEC. 101965
5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8	B. DATE OF BIRTH 9. AGE (In years IFUNDER 1 YEAR IFUNDER 24 HRS.
	WIDOWED DIVORCED	JULY 30, 1895 last birthday) Months Days Hours Min.
10a	USUAL OCCUPATION (Give kind of workdone 10b. KIND OF BUSINESS OR	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT
uur	ng most of working life, even if retired) RETIRED RETIRED	BERLIN MO COUNTRY?
13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	CHARLES BAKER	Mack Pransactor
	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT Address
(Yes	s, no, or unkown) (If yes give war or dates of service)	ILC. AS BANGE BERLIN, MD
-	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH
	IMMEDIATE CAUSE (a)	myseasures
	43/1 DUE TO FIND PO	- Deserts
	Conditions, if any, which gave rise to immediate (b)	
	cause (a), stating the DUE TO	과 경우에 있었다면 하는 사람들이 없는 사람들이 되었다면 하다.
-	underlying cause last. (c)	
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
S		YES NO
CERTIFICATION	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCU OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RRED. (Enter nature of injury in Part I or Part II of Item 18.)
CAL		CE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
MEDICAL	Mule Wor wate	ry, street, office bldg., etc.)
Σ.	p.m. 19 at work at work	10 10 10 10 10 10 10 10 10 10 10 10 10 1
	21. I certify that (I) (this hospital) attended the deceased from saw the deceased alive of 19 and that	death occurred to My from the causes and on the date stated above.
	22a. SIGNATURE	22b. DATE SIGNED
	Obella DE MOBET	ATTENDING MED. STAFF
	22c. PHYSICIAN'S	PHYS. DIRECTOR PHYS.
	22c. PHYSICIANS NAME (1900) CLIFFORD E. SCHOFING	BERLIN, MD.
23a.		OR CREMATORY 23d. LOCATION (City, town or county) (State)
23a.	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	
23a. 24.	REMOVAL (Specify)	

VR A15 (4) 15M 4-64

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The service of the se	edd.		THE PARTY	
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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
17185

F 78	day.	/	TOTON			CERTIF	ICATE	OF DEAL	П			0000	6
funeral	deat	1.	PLACE OF DEATH a. COUNTY				11	2. USUAL RESIDE	NCE (Where d	eceased lived, If	institution: Re	sidence before	admission
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			a. COUNTY	rcester	2			a. STATE M	arylan	d b. co	WOT WOT	rceste	2 72
after the ges 1	afte /					c. LENGTH OF ST	YLAND	c. CITY OR TOWN					
	IS	-	b. CITY OR TOWN (If o write RURAL and g	ve nearest town)	mints,					iporate illinits,	WITE ROUNE	and give nea	1031 10111
P 15	hours		Bisho				Yrs		ishop				
			d. NAME OF HOSPITAL	OR INSTITUTION	(If not In h	ospital, give street	address)	d. STREET ADDRE	SS			e. IS R	RESIDENC A FARM?
	event, within 72			xx		Barrier.		1				YES 2	NO
within pletely carbon (t, wii	3.	NAME OF DECEASED (Type or print)	Firs Lillie		Middle Mae	Ho	Last k er	4. DATE		18,	Day 1965 1	Year
D 100	/en	5			_	☐ NEVER MARRI		DATE OF BIRTH			rs IF UNDER :		
executed within and tompletely remove carbon	ny e	0.		White	WIDOWED				1879	last birthda	y) Months	Days Hou	
× 6	and in any	10a	USUAL OCCUPATION (G	ive kind of work do	nel 10h K	IND OF BUSINESS C	- I	11. BIRTHPLACE		713	try) 12. Cl	TIZEN OF WH	TAT
icate be physician n please	ē	dur	ng most of working life	, even if retired)		NDUSTRY				100	CO	UNTRY?	
te ysi	9	10	House W1:	. e	OWN	Home		Maryla			0;	SA	
fica ph	Na	13.	FATHER'S NAME					14. MOTHER'S MA	AIDEN NAME				
certificate nding physi Then ple	Ü,		J:	immie H	udson			May Br	easure		37.75		
ce t.	_		WAS DECEASED EVER IN			SOCIAL SECURITY N	10. 17. II	FORMANT	-19-23	Add	lress		1
death certifica ne attending ph permit. Then	u, o	(10	, no, or unkown) (If yes	XX	avice)	O-NOMBE	FR Cor	1 Baker	Bigh	op. Md			
the the	, cremation, or remova		18. CAUSE OF DEATH				. 0.00	T Danel	D TOIL	iop, me	•	INTERVAL	BETWEEN
that the sician.	E E		PART I. DEATH W		/	0	(0).1					ONSET AN	D DEATH
at ian	S.		IMM	EDIATE CAUSE (a	1) (1)	ente ca	ranca	ry					
that siciar gned ial-tra	<u></u>		4201	DUE TO	0	1/ 20		0				10 do	GNA
phy si	burial		Conditions, If any, v		1)	m. /1	ryven	sdily				1000	13
ding been the	2		gave rise to Imme cause (a), stating		0							THE STATE	
andi s			underlying cause last.		1	eald							
law requires that attending physician has been signed le as the burial-trai	д	NO	PART II. OTHER SIGNIF			TING TO DEATH BUT	NOTRELATE	D TO THE TERMINA	AL DISEASE CO	NDITION GIVEN	IN PART 1(a)	19. WAS	AUTOPSY
Is The It all or at ficate It for use	書 0	SAT										YES T	ORMED?
L. Tal	P P	트	20a ACCIDENT WAS I	NDEDIVING ET	20b.	DESCRIBE HOW INJ	IIDV OCCUPE	CED /Enter nature	of Inlury In I	Part I or Part I	I of Item 18		INO L
SICIAN: hospital s certified	- o	CERTIFICATION	20a. ACCIDENT WAS UNDER CONTRIBUTING (IF EITHER, NOTIFY M	CAUSE OF DEATH	(P)	DESCRIBE HOW INS	OKT OCCOR	VED. (Enter nature	or mjury m i	art I of Tare I	1 01 110111 101	,	
rs chack	Dept.					NILLOW COOLINGER	Loo- Diagn	05 1111101111		(Oltre on Louis)	(Cou	mAs.A	(State)
the he this detacl	9	MEDICAL	20c. TIME OF INJURY Hour a.m.	monui, Day, re			factory,	OF INJURY (Home street, office bldg	., etc.)	(City or town)	(God)	nty)	(State)
केंद्र केंद्र	Stat	ME	p.m.	19	at work	Not While						117	
d A ed	9		21. I certify that	(I) (this hospit	tal) attend	ed the deceased	from B	1110_	196 E. to	Dec 19	7- 196	that (1)	(we) la
tair de lo	=		saw the deceased			1965				rom the cause			
reta recTO 3 sho	Wit		22a. SIGNATURE	0	0							ATE SIGNED	
5 P P P	ed		le le	has R	Lieu	v	M.D.	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.	7/2-	-20-6	5
	-		22c. PHYSICIAN'S		700			22d. ADDRESS					
SPI 4 I	8 /		NAME (Type)					Best	in	150		m	cd
TO HOSPITAL Page 4 may TO FUNERAL director, pa	should be	23a	BURIAL, CREMATION	, 23b. DATE TH	EREOF _	23c. NAME OF	CEMETERY O	R CREMATORY	23d. I	OCATION (City	, town or cou	inty)	(State)
5 5 E	S. X		BREMOVAL (Specify)	12/21	11.5	I. O. O.				nopvil:			
	(P)	24	FUNERAL DIRECTOR	13 121	0.4	ADDRESS		1 25a	REC'D BY REG		REGISTRAR'S		E
VR A15 (4)	Con .	1	14 W	· lus	Selle	en Ple	RUP.		000 - 0		gelian		las t
AK ALD (4)		/	wor 11 h	acy .		10000		DATE	UE 6 2 2	1965	A	and June	1

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	56 2Y'1 (05 Bout		1/2 4/4	
			10.00	
	The administration of the			

FOR STATE HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event Within 72 hours after death.

2

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Item 18 Film G372 12/MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
17186 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before ad a. STATE A. STATE D. COUNTY

1. PLACE OF DEATH a. COUNTY ()	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)
Warcester MARYLAND	a. STATE D. COUNTY COR
b. CITY OR TOWN (If outside corporate limits. c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
(Write RURAL and give nearest town)	XDCON City - RURAL
NAME OF HOSPITAL OR INSTITUTION of not in hospital, give street address)	d. STREET AOORESS e. IS RESIDENCE
35t9 St L Ocean	ROUKE NO RES NO RE
3. NAME OF First / Middle	Last 4. DATE Month Oay Year
(Type or print) MARVIN SEFFERSON	DEKRICKSON OF DEATH DRC 8 1965
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. OATE OF BIRTH 9. AGE (In years IF UNOER 1 YEAR IF UNDER 24 HRS. Iast birthday) Months Oays Hours Min.
WIOOWEO DIVORCEO	101423 1923 42 yrs.
10a, USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR UNDUSTRY	11 BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Bull dozer operator Construction	K2 DERINING 95A
13. FATHER'S NAME	14. MOTHER'S MAIOEN NAME
CURUS DERRICKSON	SARA STANIEY
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITYNO. 17.	INFORMANT Address
(Yes, no, or unkown) (If yes give war or dates of service) (If yes give war or dates of service)	s CAtherine Deficion (wife) and find
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
PART I. OEATH WAS CAUSEO BY: JAMMEDIATE CAUSE (a) PART I. OEATH WAS CAUSEO BY:	COMMYSTYPN 10 A 1 TEXTOPISM UNSET AND DEATH
9/25 OUE TO Asphyxia, traumat	ic. accidental 5 min.
Conditions, if any, which) (b)	July accidental
gave rise to immediate (
cause (a), stating the underlying cause last.	
	TEO TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO OEATH BUT NOT RELY 20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING DECAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCUR. 20c. TIME OF INJURY Month, Oay, Year 20d. INJURY OCCURRED 206. PLA 4 South And While And While A st work at work at work at work 25 a	YES NO
20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCU	IRRED. (Enter nature of injury in Part I or Part II of Item 18.)
20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING DESCRIBE HOW INJURY OCCU	uck beam compressing chest.
20c. TIME OF INJURY Month, Oay, Year 20d. INJURY OCCURRED 20e. PLA	CE OF INJURY (Home, farm, 206. (City or town) (County) (State)
Hour a.m. DC & 55 While K Not While	ry, street, office bldg., etc.)
21. I certify that I took charge of the remains described above, he	Id an Autopsy VI. Inspection . Inquiry . and in my opinion
	icide . Homicide . Undetermined manner
death resulted from: Natural causes , Accident , Su	CHIEF MEDICAL EXAMINER
ACTUAL TI MUSCELL, A	22. DATE SIGNED
SIGNATURE	OEPUTY MEDICAL EXAMINER () CC 10,65
EXAMINER'S F. J. TOWNSEND, IR	Ocharos Street oty, Toyng or colored
23a. BURIAL, CREMATION, 23b. OATE THEREOF 23c. NAME OF CEMETER	0 1: 3 2 - 3
Burial 10-12-65 Guermeen	Berlin, me
24 SUNERAL OIRECTOR ADDRESS	20 E REC'D BY REGISTRAR 250 CREGISTRAR'S SIGNATURE
Loretta A. Julley Jerseffel - Julia	Cury DATE

VR A15ME 3500 4-64

PERMIT THE PROPERTY OF THE PARTY OF THE TYTES A MIDICAL EXAMINED OF A DATE OF HEATHER SHOPE And the complete of the state o A TO CANADA CONTRACTOR AND A STREET OF THE S AND THE RESERVE OF TH

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

10100		CERTIFICAT	E UF DEATH		24569
1. PLACE DF DEATH			2. USUAL RESIDENCE	E (Where deceased lived, If institution	n: Residence before admission)
a. COUNTY Worceste	ייך	***	a. STATE Man	yland b. COUNTY	Worcester
		MARYLAND c. LENGTH OF STAY IN 1b		outside corporate limits, write RUI	
b. CITY DR TDWN (if outside co write RURAL and give neare: POCOMOKE City	st town)	28 years		omoke City	
d. NAME OF HOSPITAL OR INSTI	ITUTION (if not in h		d. STREET ADDRESS	omoke city	e. IS RESIDENCE
406 Market Str		ospital, givo attent audicess)		Market Street	DN A FARM?
3. NAME DF DECEASED	First	Middle	Last	4. DATE Month	Day Year
(Type or print) WE	BSTER	HAMPTON	HOWARD	DEATH December	20 19 65
5. SEXMale 6. COLOR OR F	RACE 7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH		DER 1 YEAR IF UNDER 24 HRS.
-Female White			Sept. 6,18	72 last birthday) Month	s Days Hours Min.
10a. USUAL DCCUPATION (Give kind of	fworkdonel 10b K	IND OF BUSINESS OR	11 BIRTHPLACE (COL	12 73 yrs. untx_& State, or foreign country) 12	. CITIZEN OF WHAT
during most of working life, even if Lumberman	retired) If	dustry Lumber	Accomack	County.	COUNTRY?
13. FATHER'S NAME		<u>ramper</u>	Virginia		U.S.A.
	brenzou				
William Henry 15. WAS DECEASED EVER IN U.S. ARM		COOLAL OFOLIDITYING 1 12		izabeth Mason	
(Yes no, or unkown) (If yes give war or	dates of service)		INFORMANT	Address	
No		27-10-6691 M	rs Rebecca	Howard, Pocom	oke City, Md.
18. CAUSE DF DEATH [Enter or		ine for (a), (b), and (c).]	X/	1	INTERVAL BETWEEN DNSET AND DEATH
PART I. DEATH WAS CAUSI IMMEDIATE C	ED BY:	erebrat,	Kemarrh	rage	1 Day
3.31X	DUE TO	1 1	00.	10	
Conditions, If any, which	(b) C	exelral 1	Wheren:	50 Broses	
gave rise to Immediate	DUE TO		7,000		
cause (a), stating the underlying cause last.	(c)				
PART II. OTHER SIGNIFICANT CON	VOLTIONS CONTEMBL	TING TO DEATH BUT NO PREL	MED TO THE TERMINAL DI	ISEASE CONDITION GIVEN IN PART 1	(a) 19. WAS AUTDPSY
PART II. OTHER SIGNIFICANT CON TO STREET SIGNIF	POLONIC	d/narxh	150000		PERFORMED?
2Da. ACCIDENT WAS UNDERLYI	NG D 20b I	DESCRIPE HOW INJURY OCCU	IRRED (Enter nature of	Injury In Part I or Part II of Item	
2Da. ACCIDENT WAS UNDERLYII BY CONTRIBUTING CAUSE DI (IF EITHER, NOTIFY MEDICAL E	F DEATH	PLOOKIDE NOW MOOK! OOO!	MINED: (Enter Hataro of	mjury in rate 1 or rate in or item	10./
		NJURY OCCURRED 20e. PLA	OF OF INITIDAY	1 006 (014)	(04-4-)
ZDc. TIME DF INJURY Month, Hour a.m. p.m.	While		CE OF INJURY (Home, far ry, street, office bldg., etc	m, 20f. (City or town) (County) (State)
p.m.	19 at work	at work			
21. I certify that (I) (this		ed the deceased from	Jan. 19	49 to Decry019	65, that (I) (we) last
saw the deceased alive or	n dorc, yo	1965, and tha	death occurred at 2	M, from the causes and o	n the date stated above.
22a. SIGNATURE	12	0		22b.	DATE SIGNED
e naste	Mula	der M.E	ATTENDING M	IRECTOR PHYS.	12/21/65
22c. PHYSICIAN'S NAME (Type) Char	les W. T	rader, M.D.	302 Mark	cet St., Pocomol	ke,Md.
	DATE THEREOF				
REMOVAL (Specify)		23c. NAME DE CEMETER		23d. LOCATION (City, town or	
24. FUNERAL DIRECTOR	-22-196	ADDRESS	Cemetery	D BY REGISTRAR 25b. REGISTR	irginia
Pal & N. W.	La -		חבח		ar's SIGNATURE
ITANIA NO VITO	Alan P	ocomoka Cit	TO MAINTEU Y	/ [303] /	VA

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. executed within 24 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be Page 4 may be retained by the hospital or attending physician.

VR AI5 (4) 20M 1/65

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TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after deathbe executed within 24 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	14199	Т	+ #0	CERTIFIC	ATI	E OF DEATH				31	157	()
1.	PLACE OF DEAT		tem # c	MARYLAI	40	2. USUAL RESIDENCE A. STATE Maryland		b. COUN			before ad	imission)
	b. CITY OR TOW	N (if outside corporate and give nearest tow	e limits, n)	c. LENGTH OF STAY IN	-	c. CITY OR TOWN (If o					e neares	st town)
			N (if not in l	hospital, give street addr	ess)	d. STREET ADDRESS				7.5	IS RES	FARM?
3.	NAME OF DECEASED (Type or print)	E11	rst	Middle	T	Last	4. DATE OF DEAT			Day 22	Ye:	
	SEX	6. COLOR OR RACE	7. MARRIEI WIDOWEI			DATE OF BIRTH April 17/		AGE (In years last birthday)	IF UNDER 1			
108	emale LUSUAL OCCUPATION OF WORK	Negro FION (Give kind of work king life, even if retire	done 10b.	KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (Con	unty & Stat	e, or foreign country	CO	UNTRY	OF WHAT	
12	Labor FATHER'S NAM		1 Ca	nning Co.		North Ca		na	1 05	SA -		
13		Unknown				Unkn						
		EVER IN U.S. ARMED FO		. SOCIAL SECURITY NO.	17.	INFORMANT		Addres	is	1011		
,.,	No			31033683	C:	icilia Gat	ling	. Berlin	n, Ma	ary.	land	1
		DEATH [Enter only on	e cause per	line for (a), (b), and (c).]							RVAL BE	
	PART I. DI	EATH WAS CAUSED BY IMMEDIATE CAUSE	(a) HVC	ertensive	Ca	rdio-vascu	lar	Disease		1		rs
9	443	3 T DUE										
7,	conditions, If any, which \ (b) CVA with left hemiparesis								3 yrs		rs	
Н	gave rise to cause (a), s		TO									
	underlying caus		(c)									
TION	PART II. OTHER			BUTING TO DEATH BUT NOT	RELA	TED TO THE TERMINAL D	ISEASE CO	NDITION GIVEN IN	PART 1(a)	19.	WAS AL	JTOPSY MED?
ICA		Diabetes	mell	itus						YES	3 🔲	NO D
CERTIFICATION	20a. ACCIDENT OR CONTRIBUT (IF EITHER, NO	WAS UNDERLYING TING CAUSE OF DEA	TH NER)	DESCRIBE HOW INJURY	occu	RRED. (Enter nature of	injury in i	Part I or Part II o	f Item 18.			
MEDICAL	20c. TIME OF Hour a.		Year 20d. While	e Not While		CE OF INJURY (Home, fairy, street, office bldg., et		(City or town)	(Cou	nty)	(;	State)
-	21. I certi			ded the deceased from	-	3/19/54 , 19 death occurred at	: 50 to	AM the causes	5,519 and on th	, th	at (I) N	last
	22a. SIGNATU	RE OL S	rely	Ar	M.D	ATTENDING - N	MED.	STAFF PHYS.	22b. D/		NED	1 435701
	22c. PHYSICIA NAME (T	AN'S	J. Sul	ly, Jr., M	_	22d. ADDRESS		26, Ber	77749		1. 9	311
23	BURIAL, CREM	MATION, 23b. DATE	THEREOF	23c. NAME OF CEMI	ETERY	OR CREMATORY	23d. L	OCATION (City, to	wn or cou	nty)	(S	tate)
	REMOVAL (Sp Burial	lecity) 12/2	6/65	Petitt	Ce	metery	Sn	ow Hill	. Ma	ary	land	d
24	. FUNERAL DIR	1		ADDRESS		25a. REC	D BY REG	ISTRAR 25b. RI				
D	ennis Fu	neral Home	Sno	w Hill. Ma	rv	land DAREC	29	1965	liante	7 Je	edge	

VR A15 (4) 20M 1/65

AND A DESCRIPTION OF THE PARTY on trade, attract, entire attints with till and any other and topical-plants attached and My Av Lalos malestall PISTS. OF THE STATE OF THE STAT ming to Settlet Constary snow lill, were en Edit Production of the comment

17189	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 1 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	8
T OF BEATH	To HELLAL BEEDENCE OUT. J. J. C. J. K. L. J. C.	-

					-	
Reg.			3 7	3	1	8
KeG.	DIST.	No.	1	23	- 12	2

17	1. 1	PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before	ore admission)						
	C	COUNTY WORCESTS PMARYLAND	o STATE A COUNTY I							
	b	b. CITY OR TOWN (If outside corporate limits, write RURAL and g and give nearest form) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and g								
		S TOCK TOW	KSTOCKTON							
	d	I. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE						
				ON A FARM?						
,		NAME OF First Middle	, Lost 4. DATE Month Day	Year						
		DECEASED Type or print) STEWANT LAG,	AN JOHNSON DEATH DEC, 2	1965 -						
	5. S	6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8.	4	IF UNDER 24 HRS.						
		MALE WHITE WIDOWED DIVORCED DI) AN. 26, 1889 56 yrs. Months Days	Hours Min.						
	10a.	. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTI Juring most of working life, even if retired)	RY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF	WHAT COUNTRY?						
	1	RETIRED FARMER + MAJCHMAN	VIRCINIA U	5.A						
	13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME							
		LABAN JOHNSON	ALICE APAMS	- THE						
	15. Yes.	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IN. no. or unknown) [If yes, give war or dates of service)	NFORMANT Address							
		230-14-8184	MRS. LUTHER TRUITS							
		18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]	1. / · / / / / / INTER	VAL BETWEEN T AND DEATH						
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Mocrella Intacenin	FELV 14/10/1						
		4301 DUE TO		1.						
	9	Conditions, if any, which gave rise to immediate cause	2/4 ruselivosis	Flazs.						
		(a), stating the underlying DUE TO								
	7	couse lost. (c)	THE TRUE TO THE TRUE TRUE TO THE TRUE TRUE TRUE TRUE TRUE TRUE TRUE TRU							
	TION	PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N		PERFORMED?						
1	FICA	20g. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (E.	inter nature of injury in Part I or Part II of item 18.)	YES NO						
	CERTIFICATION	PRIMARY OCCURRED. (E) CAUSE OF DEATH.	nier nature of injury in Part I of Part II of Item 18.)							
	MEDICAL		CE OF INJURY (Home, form, 20f. (City or tawn) (Caunty) ary, street, office bldg., etc.)	(State)						
	WED	p. m. 19 at work at work								
		21. I certify that I taak charge of the remains described about	ve, held an Autapsy 🔲, Inspection 🔀, Inquiry 🖼	and find that						
		death resulted fram: Natural causes 📝 Accident 🔲, Suid	cide [], Homicide [], Undetermined cause [].							
		DAT		DATE SIGNED						
		SIGNATURE DAVID FAIL	M.D. CHIEF MEDICAL EXAMINER	DATE SIGNED						
		EXAMINER'S DON'S DIVERS	ASSISTANT MEDICAL EXAMINER	2/7/1						
(NAME (Type)	DEPUTY MEDICAL EXAMINER	1/63						
	22a	BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR REMOVAL (Specify)	CREMATORY 22d. LOCATION (City, town, or county)	(Stote)						
	22	BUBIAL 12/9/65 PARKS LEY	PARKSLEY	VA.						
6	23.	ADDRESS SIGNATURE	DFC 1 2 1967 Charles Jun	e of all						
Q		Home In African	. DEC 1 3 1963 Fillands Ju	0						

VS. A15ME(5) 5M 9/55

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH and 2 death. death. 1. PLACE DF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) a. CDUNTY b. CDUNTY after mand completely filled in by the 1 remove carbon papers. Pages 1 in any event, within 72 hours after Virginia Worcester MARYLAND. Accomac c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits. c. LENGTH OF STAY IN 1b write RURAL and give nearest town) hours Stockton Greenbackville d. NAME OF HOSPITAL DR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS Nurseing Home Holland within 3. NAME OF DATE Month MIddle Last DECEASED DF DEATH Lula Jones (Type or print) M. December executed 6. CDLDR OR RACE | 7. MARRIED 5. SFX DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS NEVER MARRIED last birthday) | Months | Days 93 Female White WIDOWED TO DIVORCED [10a. USUAL DCCUPATION (Give kind of work done | clan 1Db. KIND DF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) INDUSTRY and Housewife Worcester Co.. Own Home K certificate 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ing ph Then remova attending Irene (Unknown) George Tarr 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SDCIAL SECURITY NO. 17. INFORMANT Address the attendit permit. death (Yes, no. or unkown) (If yes give war or dates of service) been signed by the attraction the burial-transit permion to burial, cremation, o Girdletree. No None Chester Jones. 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c), The law requires that the PART I. DEATH WAS CAUSED BY: attending physician. IMMEDIATE CAUSE (a) DUE TD Conditions, If any, which (b) gave rise to immediate as the l DUE TO cause (a), stating the underlying cause last. CERTIFICATION PART II, DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELAT ED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) for use Health certificate the hospital 20a. ACCIDENT WAS UNDERLYING PHYSICIAN: DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of Item 18.) 90 DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) detached this MEDICAL 20d. INJURY OCCURRED | 20e. PLACE DF INJURY (Home, farm, TIME DF INJURY Month, Day, Year 20f. (City or town) factory, street, office bldg., etc.) be de State Hour a.m. Not While After at work p.m 19 at work DIRECTOR: Af age 3 should by iled with the S retained Dec_ 19 4), that (1) (we) last 19 65 to 21. I certify that (I) (this hospital) attended the deceased from M. from the causes and on the date stated above. saw the deceased alive on and that death occurred at 22a. SIGNATURE STAFF MED. page PHYS. DIRECTOR PHYS. may 三 HOSPITAL O FUNERAL PHYSICIAN'S ADDRES 22c. director, p NAME (Type) Page 4 23a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) 23d. LOCATION (City, town or county) NAME OF CEMETERY OR CREMATORY Girdletree, Md.
EGISTRAR | 25b. REGISTRAR'S SIGNATURE Burial 4 Springhill Cemetery 24. FUNERAL DIRECTOR 25a. REC'D BY REGISTRAR Snow

Hill.

Maryland

MARYLAND STATE DEPARTMENT OF HEALTH

e. IS RESIDENCE DN A FARM?

YES ND TE

Day

31

12. CITIZEN OF WHAT

Md.

19.

(County)

22b. DATE SIGNED

YES

INTERVAL BETWEEN

ONSET AND DEATH

WAS AUTDPSY

ND I

(State)

(State)

PERFORMED?

CDUNTRY?

USA

Year

1965

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove, carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH

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DIVISION	OF STATISTICAL	RESEARCH AND	RECORDS,	301 W.	PRESTON	STREET.	BALTIMORE 1	. MA
7191			TIFICATE					

PLACE DF DEATH a. COUNTY Worcester MARYLAN	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. STATE Maryland b. COUNTY Worcester
b. CITY DR TDWN (if outside corporate limits, write RURAL and give nearest town) Rural-Pocomoke City Life	
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street addr R.F.D. 3	
3. NAME DF First Middle DECEASED CLARA MAE	MASON 4. DATE Month Day Year DF DEATH December 16 1965
5. SEX 6. CDLOR OR RACE 7. MARRIED NEVER MARRIED Female White WIDOWED DIVORCED	8. Date of Birth 9. AGE (In years FUNDER 1 YEAR FUNDER 24 HRS. last birthday) Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 13. FATHER'S NAME	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? Maryland U.S.A.
Gordon Redden	Savannah Ward
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unkown) (If yes give war or dates of service) NO NO NO NO	G. Randall Mason, Pocomoke City, Md.
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. DUE TO (b) (A R D /A C / DUE TD (c) A R TE R (c)	SCIERGIC CARDIAC DIS. RELATED TO THE TERMINAL DISFASE CONDITION GIVEN IN PART 1(a) 119. WAS AUTDPSY
NONE.	PERFORMED? YES ND COCCURRED. (Enter nature of Injury In Part I or Part II of Item 18.)
	PLACE OF INJURY (Home, farm, actory, street, office bldg., etc.) (Clty or town) (County) (State)
22a. SIGNATURE Mevelle a Baron	that death occurred atM, from the causes and on the date stated above. M.D. ATTENDING DIRECTOR DIRECTOR PHYS
22c. PHYSICIAN'S NAME (Type) NEY, ILE A. BARON	22d. ADDRESS POCOMOKE, MD.
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEME BURIAL Specify) 12-19-1965 First I	Baptist Pocomoke City, Maryland
Soful H. Walson Pocomoke C	ity, Marate 22 2 1965 The registrates signature

AI5 (4) M 1/65

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
17192
CERTIFICATE OF DEATH

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission)
Worcester MARYLAND	a. STATE Maryland b. COUNTY Worcester
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Pocomoke City 6 years	Rural-Pocomoke City
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address	d. STREET ADDRESS e. IS RESIDENCE
Belden Restorium	R.F.D. 3
3. NAME OF First Middle DECEASED	Last 4. DATE Month Oay Year
(Type or print) J. FRANK	PHILLIPS DEATH December 2 1965
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIEO	8. OATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
Male White WIDOWED NO OLVORCED	Jan. 29,1882 83 yrs. Months Oays Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT
during most of working life, even if retired) Farmer Farming	Worcester County, COUNTRY? Maryland U.S.A.
13. FATHER'S NAME	Maryland U.S.A.
Thomas Phillips	Elizabeth Mason
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	4417 - 4444
(Yes, no, or unkown) (If yes give war or dates of service)	R.F.D. 3
110110	arry W. Phillips, Pocomoke City, Md.
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. OEATH WAS CAUSEO BY:	INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) (is 12 0 Nong OC	Eclusion (Bresungiture) appropria
430 OUE TO P-	with a car by
Conditions, If any, which (b) Chrescolerosis	4 atherselevers, Seven gen. Many years
gave rise to immediate cause (a), stating the OUE TO	
underlying cause last. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RE	
5 muscertita of alles and your age	which unstided folient for life. YES NO DI
20a. ACCIDENT WAS UNDERLYING 1 20b. DESCRIBE HOW INJURY OCC	CURREO. (Enter nature of injury in Part I or Part II of Item 18.)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REI 203. ACCIOENT WAS UNDERLYING 1 OR CONTRIBUTING TO DEATH BUT NOT REI OR CONTRIBUTING CONTRIBUTING CONTRIBUTING TO DEATH BUT NOT REI OR CONTRIBUTING CONTRIBUTING CONTRIBUTING TO DEATH BUT NOT REI OR CONTRIBUTING CONTRIBUTING CONTRIBUTING TO DEATH BUT NOT REI OR CONTRIBUTING	
	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
While - Not while -	tory, street, office bldg., etc.)
21. I certify that (I) (this hospital) attended the deceased from	
saw the deceased alive on 1963, and th	at death occurred at from the causes and on the date stated above.
ME VICTORIAL DON	ATTENDING MED. STAFF
22c. PHYSICIAN'S	O, PHYS. OIRECTOR PHYS. 11 - 3 - 63
NAME (Type) N.E.Sartorius, Jr., M.D.	114 Market St., Pocomoke City, Md.
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER	
*REMOVAL (Specify)	ptist Pocomoke City, Maryland
24. FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE
Forty H. Walson Pocomoke Cit	DED - 1005 William By VMARA
TO SOMORE OIL	J 9 ALCO TO

VR AI5 (4) 20M 1/65

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Nor center			198400758
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S Page	000 No. 25TLING.	STEASTE	
	Jan. 23, 1462 '83 -	Υ	stim alon
	White the County	anteres	10-104
0.6.7.	homes dredexits		agilitis among
T. DEMEND	on . aprillar . Pryces. He	and	
		Mile Gill feet lat	
	and the state of the state of		
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university and in	delinos delin	a first a	Burtull 12-9-19
and the state of	1 8881 6 1389 s . va		

Division of STATISTICAL RESEARCH AND RECORDS. 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH 03 PLACE OF DEATH HEALTH DEPT 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) 1. a. COUNTY b. COUNTY Maryland Worcester Worcester MARYLAND Department after death. b. CITY OR TOWN (If outside corporate limits, C. LENGTH OF STAY IN 1b C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Pocomoke City may Tiffe Pocomoke City ay is nec 3 to the Page 5 n e. IS RESIDENCE d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) ON A FARM? Willow Street State hours Willow Street NO X YES T 2, and PM3. F Year NAME OF First Middle Last the 72 DECEASED PRUITT 19 65 **JOHN** 19 EDWARD DEATH December (Type or print) AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. 6. COLOR OR RACE] DATE OF BIRTH 5. SEX 7. MARRIED NEVER MARRIED form last birthday) Months I Hours death. I Male White 16,1902 Dec. WIDOWED I DIVDRCED 12. CITIZEN OF WHAT alongravith 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR Worcester County, COUNTRY? Give during most of working life, even if retired) Plumbing after U.S.A Maryland pages in any 24 hours af in Item 18. 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Major S. Pruitt unknown File 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address 16. SOCIAL SECURITY NO. (Yes, no, or unkown) (If yes give war or dates of service) permit. removal, EXAMINER: This certificate should be executed within 213-05-5960 Mrs Gladys Wooster, Pocomoke in pencil INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: burial-transit cremation, or IMMEDIATE CAUSE (a) "pending" Medical DUE TO Certenoscheretic Heart Luseus Conditions, If any, which (b) gave rise to immediate DUE TO Chronic alcoholism cause (a), stating O underlying cause last. used as to burial, WAS AUTOPSY PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) ICATION PERFORMED? anemia YES T NO K DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Pert I or Part II of Item 18.) CERTIFI be 20a. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING Pil CAUSE OF DEATH. 3 should agent, p (State) MEDICAL 120e, PLACE DF INJURY (Home, farm, 20f. (City or town) (County) 20d. INJURY OCCURRED TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) Hour a.m. Not While While at work at work CTOR: Page designated and in my opinion 21. I certify that I took charge of the remains described above, held an Autopsy Inspection ____ the cert DIRECTOR: Undetermined manner Suicide Homicide death resulted from: Natural causes Accident CHIEF MEDICAL EXAMINER YOUR 4 execute . Page 4 22. DATE SIGNED ACTUAL ASSISTANT MEDICAL EXAMINER please execut director. Pag retained for y SIGNATURE 0 DEPUTY MEDICAL EXAMINER FUNERAL I **EXAMINER'S** Address (Street, city, town, or county) NAME (Type) OF CEMETERY OR KREDWOOLY 23d. LOCATION (City, town or county) (State) BURIAL, CREMATION, 23b. DATE THEREOF Burial (Specify) o, 12-21-1965 2 Salem Methodist Pocomoke City REC'D BY REGISTRAR 25a. Ma DE San Pocomoke City. VR A15ME 3500 4-64

MARYLAND STATE DEPARTMENT OF HEALTH

ACCUSE THE PROPERTY AND ADDRESS OF THE PARTY A ded sector -The state of the s TELE - POCONCIE SELLE men atin Dec. 16.1902 | 93.6 . vonded Technolow Borl Tech an tomorium. manage a company of the property of the proper --- 213-05-5560 vm lindys kouster, Rocomoke Bitwist. instruct . Value and a state of the country of the Miles W. Ca. Roy Goes notes Carry, Mr. 1813 - 1965 - 11 Carry Goes

FOR STATE HEALTH DEPT.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health or its designated ogent, prior to burial, cremotion, ar removal, and in any event within 72 hours after death.

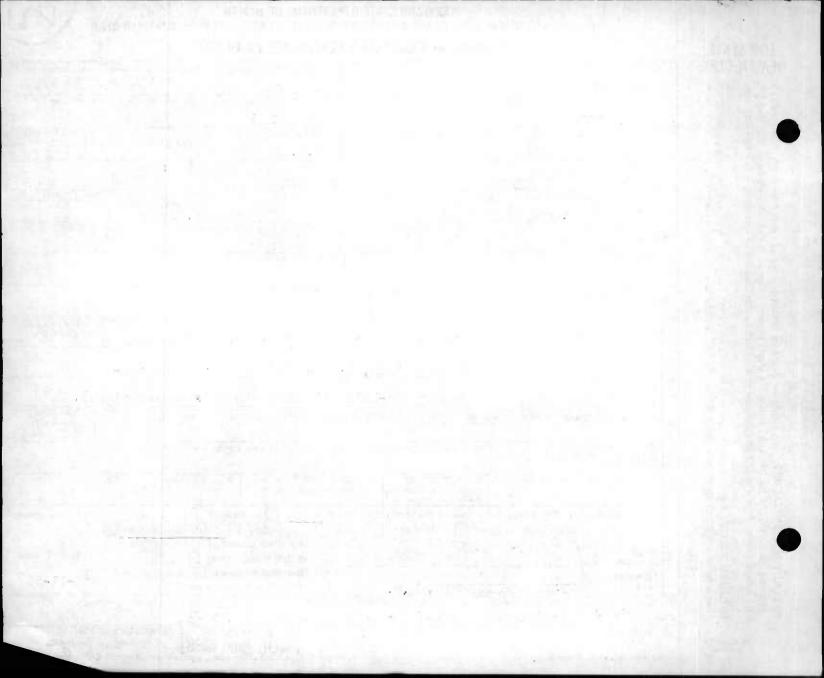
VR A15ME 6M 1/66

necessary, please execute the certificote, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, ond 3 ta the funeral director. Page 4 should be forworded to the Chief Medical Examiner's Office along with form PM3. Page 5 moy be retoined for your files.

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1. PLACE OF DEATH 0. COUNTY WORCESTER MARYLAND					2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before odmission) o STATE Maryland b. COUNTY Worcester						
b. CITY OR TOWN	(If outside corporate limits.	€.	LENGTH OF STAY IN 1		c. CITY OR TOWN (If o					st town)	
write RURAL or SNOW H	nd give neorest town)				Snow Hil						
	TAL OR INSTITUTION (If not in	hospitol, give s	street address)		d. STREET ADDRESS					e. IS RESII	
					R.D. #1					ON A F	NO
3. NAME OF DECEASED	First		Middle		Last		FOUND :Mon	th	Doy	Ye	ar
(Type or print)	CLAD				PURNELL	OF DEA	тн 12	2	3		65
S. SEX	6. COLOR OR RACE 7.	MARRIED	NEVER MARRIED	8.	DATE OF BIRTH		9. AGE (In years last birthdoy)	Months I	YEAR Doys	IF UNDER	24 HRS. Min.
Male	Negro	WIDOWED	DIVORCED				App. 75 yrs.	MOITHIS	DUYS	Hours	MIII.
10o. USUAL OCCUPATIO during most of working	N (Give kind of work done g life, even if retired)	10b. KIND O INDUST	F BUSINESS OR RY		11. BIRTHPLACE (Stot	e or foreign	country)		IZEN OF UNTRY?	WHAT	
13. FATHER'S NAME					14. MOTHER'S MAIDEN	NAME					
1S. WAS DECEASED EV (Yes, no, or unknown)	ER IN U.S. ARMED FORCES? (If yes give wor or dotes of se	rvice) 16. SOCIA	AL SECURITY NO.	17. IN	FORMANT		Addr	ess			
	te couse (o),	Ske Jan	leton of uary 10th	, 19	man (Disa 64 - Skele mile from	eton i		coxi-	ON	ERVAL BET SET AND D	
PART II. OTHER S	GIGNIFICANT CONDITIONS CONT	RIBUTING TO DE	ATH BUT NOT RELATE	ED TO TH	E TERMINAL DISEASE CO	ONDITION G	IVEN IN PART 1(o)		1	WAS AUTO PERFORM ES X	PSY ED? NO
20a. EXTERNAL C PRIMARY Or CC CAUSE OF DEATH.		20b. DESCRIB	E HOW INJURY OCCU	JRRED. (E	nter noture of injury in	Port I or F	Port II of item 1B.)				
20c. TIME OF IN. Hour o	JURY Manth, Doy, Year .m. 19	20d. INJURY While of work	OCCURRED 20 Not White of work		OF INJURY (Home, for y, street, office bldg., etc		. (City or town)	(Cou	inty)	(Stote)
21. I certi	fy that I taak charge a	f the remain	s described abov	ve, held	an Autapsy 🗓	Inspe	ctian 🔲, 🛮 Inqu	uiry 🔲,	and	in my	apinian
death resu	Ited fylope. Natural c	auses,	Accident,	Sujcio	e , Homicid	e 🔲 .	Undetermined m	anner X			
ACTUAL	1/1/2	7.50		/	CHIEF MEDICA	L EXAMINER					
ACTUAL SIGNATURE	1(1/1)	eru	nan	L	M.D. ASSISTANT ME	DICAL EXAM	NINER E		2	22. DATE	SIGNED
EXAMINER'S NAME (Type)	RUDIGER BREI	TENECKE	R. M.D.	,	DEPUTY MEDI Address (Stre		_		2	2-11-	66
23a. BURIAL, CREMATI REMOVAL (Specif	ION. 23b. DATE THEREC	OF 23	C. NAME OF CEMETER	4 .	EXAMINE		LOCATION (City or To	wn)	(County	MA	tgte)
24. FUNERAL DIRECT		10	ADDRESS OF	610		D BY REGIS	STRAR 2Sb. RI	EGISTRAR'S SI			
						29		harle			



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL OIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then pease kenove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and any event, within 72 hours after death.

VR AI5 (4) 20M 1/65 MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
17194 CERTIFICATE OF DEATH
20576

20203	
1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)
Worcester	Maryland Worcester
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Snow Hill	X Snow Hill
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE
	/ 413 S. Church St. ON A FARM?
413 S. Church St.	
3. NAME OF First Middle DECEASED	Pusey Death December 29 1965
(Type or print) Warren I	
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8	B. DATE OF BIRTH 9. AGE (In years IFUNDER 1 YEAR IFUNDER 24 HRS. Iast birthday) Months Days Hours Min.
Male White WIDOWED DIVORCED	2/4/94 71 yrs.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Laborer Saw Mill	Somerset Co., Md. USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Asbury Pusey	Caroline Pusey
15. WAS DECEASED EVER INU.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT Address
(Yes, no, or unkown) (If yes give war or dates of service) NO 218246009 E	Elsie A. Pusey, Snow Hill, Maryland
18. CAUSE OF OEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN
PART I, DEATH WAS CAUSED BY:	ONSET AND DEATH
IMMEDIATE GAUSE (a)	rawn lawer 2 hrs
Conditions, If any, which) DUE TO Pulled	500 1 3 AOU
gave rise to Immediate	mary reacting straige
cause (a), stating the DUE TO	Pulmonary Insulticeency 481.
underlying cause last. (c) (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	PERFORMED?
5 Churcieco	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO BE A COLOR COLOR COLOR COLOR COLOR COLOR COLOR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RRED. (Enter nature of injury in Part I or Part II of Item 18.)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLAC Hour a.m. While at work at work at work	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
Hour a.m. p.m. 19 While Not While factor work while at work while wh	ry, street, office bldg., etc.)
	10
21. I certify that (I) (this hospital) attended the deceased from saw the deceased alive on 250 7 19 65, and that	
saw the deceased alive on 32 27 19 65, and that	death occurred atM, from the causes and on the date stated above.
Daniel Valid	ATTENDING MED. STAFF
22c. PHYSICIAN'S M.D.	PHYS. DIRECTOR PHYS.
NAME (Type) 2 AVID PAFA	Town Hill Md.
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or county) (State)
Burial 1/1/66 St. Stephe	ns Delmar, Del.
24. FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE
Johnson & Kenney Snow Hill, Mary	rland pHAN 3 1966 flewiles Junga
	· · · · · · · · · · · · · · · · · · ·

w Hill

415 S. Church St.

Pusey

December 21

2/4/94 77

Somerset Co., Md.

Caroline Pusey

218246009 Elsie A. Pusey, Snow Hill, Maryland

Perbiratory tailure Pulmonary Idema

-y Pusey

2 815

USA

Saw Mill

Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then prease remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. 24 hours after death. executed within TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificat Page 4 may be retained by the hospital or attending physician.

> VR A15 (4) 15M 4-64

MARYLAND STATE DEPARTMENT OF HEALTH
OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	17195 Ttom #2d FCERTIFICATE OF DEATH	20577
1.	PLACE OF DEATH a. COUNTY 2. USUAL RESIDENCE (Where deceased lived, If Institution: a. COUNTY b. COUNTY	Residence before admission)
_	MARYLAND MARYLAND MARYLAND MOR	
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL)	L and give nearest town)
L	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS	e. IS RESIDENCE
	B=01 N	ON A FARM?
3.	NAME OF First Middle Last 14. DATE Month	YES NO Day Year
	DECEASED (Type or print) HARRY TIMMUNS DEATH DEC.	28 19 65
5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER	R 1 YEAR IF UNDER 24 HRS
	M WIDOWED DIVORCED FED. 22, 1881 84 yrs.	Days Hours Min.
10 du	a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. C	ITIZEN OF WHAT
	FARMER RETIRED DERLINGTED NO	U.S.A.
13	FATHER'S NAME	
10	THARLES IMMONS MARGARET VONNIS	
ťΫ́	es, no, or unkown) (If yes give war or dates of service)	REDUNK
=	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	I INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH
	1443 x	11. 1.
d	Conditions, If any, which) (b) the Nephretus	4 webs
	gave rise to immediate cause (a), stating the DUE TO	
_	underlying cause last. (c) Appertune co	
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	PERFORMED?
FIC	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part or Part of item 18	YES NO
ERT	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18 OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)). <i>)</i>
		unty) (State)
MEDICAL	Hour a.m. While Not While factory, street, office bldg., etc.)	
2	21. I certify that (i) (this hospital) attended the deceased from any 10-, 1965, to Dec 28-, 196	5 that (I) (we) last
	saw the deceased alive on Sec 27 1962, and that death occurred at 9 A M, from the causes and on the deceased alive on the causes are deceased alive on the deceased alive of the deceased alive on the decea	
		DATE SIGNED
	M.D. PHYS. DIRECTOR PHYS.	-29-65
	22c. PHYSICIAN'S NAME (Type)	ms.
23	a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LQCATION (City, town or co	ounty) (State)
	a. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY BEMOVAL (Specify) 12 30 65 BUCKED NAHAM 3 CREMATORY BEAUTION (City, town or co	MO
2	4. FUNERAL DIRECTOR ADDRESS 25a, REC'D BY REGISTRAR 25b. REGISTRAR	'S SIGNATURE
	Anna A. Bullage feelin That - DATE 3 1966 forwarde	yudge

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20522				THE P	
THE LEWIS					
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				5	
	- 141				
Marie Marie Marie	Shyll an				
					V.
	BALL SILV				

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please prince carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and to any event, within 72 hours after death.

DIVISION OF STATISTICAL 7196

MARYLAND STATE DEPARTMENT OF HEALTH	
RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1	, MARYLAND
CERTIFICATE OF DEATH	305

	(1) 13 11
1. PLACE DF DEATH a. COUNTY,	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. STATE b. COUNTY
WORCESTER MARYLAND	MARYLAND WORCESTED
b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b write RURAL and give nearest town)	c. CITY OR TOWN of outside corporate limits, write RURAL and give nearest town
1315HUPVILLE	1 (315408416
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
	∥′ YES □ NO 🔀
3. NAME OF First Middle DECEASED	Last 4. DATE Month Day Year
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	U 3 3 S DEATH DEC. 29 19 6 S 8. DATE OF BIRTH 19. AGE (In years IFUNDER 1 YEAR IFUNDER 24 HRS.
WIDOWED WIVER MARRIED NEVER MARRIED	last birthday) Months Days Hours Min.
10a. USUAL OCCUPATION (GIVE kind of work done 10b. KIND OF BUSINESS OR	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT
during most of working life, even if retired) INDUSTRY	B CHOOLINE NO COUNTRY?
13. FATHER'S NAME	14: MOTHER'S MAIDEN NAME
JAMER. TUBBS	MARY QUILLEN
	INFDRMANT Address
VES 1929-1924217-14-8860M	25. MARY BIRCH OCEANLITY NO
18 CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebrol vo	acular throngons
332X DUE TO	A. O. a. Willen
Conditions, If any, which gave rise to immediate (b) generatives	meno settisto li geros
cause (a), stating the DUE TO	
underlying cause last.) (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 119. WAS AUTOPSY
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATION OF CONTRIBUTING TO DEATH BUT NOT RELATION OF CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	PERFORMED? YES NO IX
20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCU	JRRED, (Enter nature of Injury In Part I or Part II of Item 18.)
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA facto at work at work at work at work	ry, street, office bldg., etc.)
21. I certify that (I) (this hospital) attended the deceased from 2	7 July 1965, to 257 diec, 1965, that (1) (we) last
	t death occurred at OaM, from the causes and on the date stated above.
22a SIGNATURE	ATTENDING MED. STAFF
22c, PHYSICIANS M.D	
NAME (Type)	ZZU. ADDINESO
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c, NAME OF CEMETER)	(OR GREMATORY 23d, LOCATION (City, town or county) (State)
BURIAL (Specify) 1/65 ZION	BISHUPVILLE RIFDIMO.
24. FUNERAL DIRECTOR ADDRESS,	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
Huma 17, Durbage Della 8	DATEAN 4 1966 Cleanles Judge

VR A15 (4) 15M 4-64

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	Out	

1)	4	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
FOR S	-		17197 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 20579
HEALTH	DEPT.	1	1. PLACE DF DEATH a. COUNTY MOrcester MARYLAND 1. PLACE DF DEATH a. COUNTY MOrcester MARYLAND 1. PLACE DF DEATH b. COUNTY Worcester MARYLAND
sary, neral y be	Department after death.	1	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town)
eces ma	er de		Whalevulle litetime Whalevulle
to the	te De		d. NAME OF HOSPITAL OR INSTITUTION (if not In hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO
/ delay is necessary and 3 to the funera 13. Page 5 may b	the State 72 hours a	1	3. NAME DF DECEASED First Middle Last 4. DATE Month Day Year OF
P. 29	h the	-	(Type or print) TODELT CE U DEATH 12 1965
rs after death. If 18. Give Pages 1, along with form	THE STATE OF THE S		6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (III years IF UNDER 124 HR. last birthday) Months Days Hours Min.
death. I e Pages with form	題		Oa. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State of foreign country) 12. CITIZEN OF WHAT COUNTRY?
s after d 8. Give long wit	ges 1 any e	-	Farmer On farm Whaley ville U.S.A
hours tem 18 fice ald	E. E		Raymond Tull Sarah Morris
uted within 24 hou " in pencil in Item Examiner's Office	File II, and		15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, no, or unknown) (If yes give war or dates of service)
withIn pencil niner's	permit. removal,	=	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
in p	sit po		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) F. U. N. Shot wounds of head IMMEDIATE CAUSE (a)
executed ding" in ical Exar	burial-transit cremation, or		conditions, if any, which) DUE TO Unstable mental condition instant
"pen Medi	burial-tran cremation,		Conditions, If any, which gave rise to immediate cause (a), stating the DUE TO DUE TO DUE TO Condition Instant
should " word " Chief N	co		underlying cause last. (c)
	used as to burial	2	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO 20a. EXTERNAL CAUSE WAS PRIMARY FOR CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part I or Part II of Item 18.)
certificate iting the ded to the	or or		20a. EXTERNAL CAUSE WAS PRIMARY FOR CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part I or Part II of Item 18.)
This c	3 should agent, pri		
	က်ရှိ		20c. TIME OF INJURY Month, Day, Year 20d. MJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, lambda a.m. While at work a
EXAMINER: ne certificate should be fo	Page		21. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry , and in my opinion
Sthe	TOR	- 1	death resulted from: Natural causes, Accident, Suicide, Homicide, Undetermined manner
execute Page 4	DIRECT ITS		ACTUAL SIGNATURE CLESSON 6. STAND ASSISTANT MEDICAL EXAMINER 22. DATE SIGNED
-	ERAL D	2	EXAMINER'S COLOTA F. Schott M.D. DEPUTY MEDICAL EXAMINER (Type) NAME (Type) Laddress (Street, city, town, or county)
DEPUTY please ex director.	of Health or its design		23a. DURIAL, CREMATION, 23b. DATE THEREOF, 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)
5 grap :	20	1	24. ENNEPAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
VR A	15ME	X	Teles Whales of themall Del DEC 20 1965 Charles Judge

S. Chi. 11-12-910-1 - throughted amiliants allaystedy laste we bloods later we had an weather The March of Salar Harris and the Secretary of the second of the The test of the second second

eath.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate of executed within Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
7198
CERTIFICATE OF DEATH

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution:			
Worcester MARYLAND	a. STATE Maryland b. COUNTY Wicomico			
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURA	L and give nearest town)		
Stockton	Hebron (Rural)	122x.2		
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS	0. IS RESIDENCE ON A FARM?		
Holland's Nursing Home	R.D.# 1	YES NO		
3. NAME OF First Middle DECEASED	Last 4. DATE Month	Day Year		
	LLEY DEATH DEC.	29 1965		
TO MARKIED 22 REVER MARKED	9. AGE (In years IF UNDER	Oays Hours Min.		
	Aug • 23/1892 73 yrs. 4	6		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY	0	CITIZEN OF WHAT		
None None		SA		
13. FATHER'S NAME	14. MOTHER'S MAIOEN NAME			
Roby W. Horsey	Kate Ellis			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no, or unknown) (If yes give war or dates of service)	Paul H. Twilley (Husband) F	R.D.#1		
No	Hebron, Maryland			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]		INTERVAL BETWEEN ONSET AND DEATH		
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ACVIET PUL M	on ARMEDEMB	2/0		
443X OUT TO				
Conditions, If any, which) (b) HAIR [PV] IVE	APDIONNS CULAR DISEDSE	104		
gave rise to Immediate cause (a), stating the DUE TO				
underlying cause last. (c)				
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELAT	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO C. V. 20a. ACCIDENT WAS UNDERLYING TO COUNTRIBUTING TO COUNTRI	A- (OLD)	YES NO NO		
20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCU	RREO. (Enter nature of Injury in Part I or Part II of Item 18	3.)		
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) N/A				
3 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLAC		unty) (State)		
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLAC While Not While at work at work	y, street, office bldg., etc.)			
21. I certify that (I) (this hospital) attended the deceased from	App-8: 80A: 19 PEC 29, 196	that (I) (we) last		
saw the deceased alive on DEC 28 1965, and that	death occurred at M. from the causes and on			
22a. SIGNATURE	22b. I	DATE SIGNED		
/ dry a fa mar M.O.	ATTENOING MED. STAFF PHYS. Dec	. 31/1965		
22. PHYSICIAN'S NAME (Type) D 1 C 7 35 0	22d. ADDRESS	7 Mo7		
NAME (YP), Robert C. LaMaf		1, Maryland		
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY				
Burial Dec.31/1965 Mardela Memo				
24. FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR			
HOLLOWAY & COMPANY SALISBURY MARY	TAND LAN 7 1000 Blend	1. 112805		

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